

LOCAL 807 LABOR-MANAGEMENT PENSION FUND
32-43 49TH STREET LONG ISLAND CITY, NEW YORK 11103
TELEPHONE 718-274-5353

8-13-02

PENSION APPLICATION

PLEASE READ INSTRUCTIONS CAREFULLY AND PRINT ANSWERS TO ALL QUESTIONS.

1. NAME Thigpen Jessie
(LAST) (FIRST) (MIDDLE)
2. ADDRESS 350 E 137 St Apt 13G Bronx
(NUMBER & STREET) (CITY OR TOWN) (STATE - ZIP CODE) N.Y.
3. SOCIAL SECURITY NUMBER redacted 292-8917 10454
4. HOME TELEPHONE NUMBER (718) 414-402-9136
5. RETIREMENT DATE 12-1-02 9-1-02 Not paid
6. DATE OF BIRTH 11-14- redacted (ATTACH PROOF OF AGE)
7. PLACE OF BIRTH NC (REFER TO PAGE 5)
8. a. WHEN DID YOU FIRST JOIN LOCAL 807? 1983

- b. SINCE YOU JOINED LOCAL 807 HAVE THERE BEEN ANY PERIODS WHEN YOU DROPPED OUT OR WITHDREW FROM MEMBERSHIP, OR TRANSFERRED OUT? () YES (X) NO

IF YES, STATE WHEN: FROM _____ TO _____
FROM _____ TO _____

- c. WERE YOU A MEMBER OF ANY OTHER TEAMSTER LOCAL BEFORE JOINING LOCAL 807? (X) YES () NO

IF YES, STATE WHEN: FROM Not A teamster Local 365X TO _____
FROM _____ TO _____

9. a. DID YOU WORK FOR EMPLOYERS UNDER CONTRACT WITH LOCAL 807 BETWEEN SEPTEMBER 1, 1950 AND MARCH 1, 1954? () YES () NO

- b. HAVE YOU WORKED FOR EMPLOYERS UNDER CONTRACT WITH OTHER TEAMSTER LOCALS SINCE SEPTEMBER 1, 1950? (X) YES () NO

IF YES, STATE LOCAL NO. _____ FROM _____ TO _____
LOCAL NO. _____ FROM _____ TO _____

LOCAL 807 PENSION FUND APPLICATION

10. YOU MAY BE ENTITLED TO CREDIT FOR TIME NOT ACTUALLY SPENT IN COVERED EMPLOYMENT (DUE TO TIME SPENT IN THE UNITED STATES ARMED FORCES). IF YOU HAVE SERVED IN THE ARMED FORCES, FILL IN THIS SECTION AND ATTACH A PHOTOCOPY OF YOUR DISCHARGE OR SEPARATION PAPERS.

DATE ENTERED ARMED FORCES _____
DATE DISCHARGED OR SEPARATED _____
BRANCH OF SERVICE _____

11. YOU MAY BE ENTITLED TO CREDIT FOR PERIODS WHEN YOU WERE RECEIVING ACCIDENT AND SICKNESS BENEFITS FROM THE WELFARE FUND. PLEASE LIST ANY SUCH PERIODS BELOW:

PERIOD DISABLED FROM _____ **TO** _____
FROM _____ **TO** _____

12. HAVE YOU EVER RECEIVED WORKMEN'S COMPENSATION BENEFITS () YES (X) NO

IF YES, PLEASE LIST BELOW THE PERIOD OF TIME FOR WHICH YOU RECEIVED WORKMAN'S COMPENSATION.

NAME OF EMPLOYER FOR WHOM YOU WERE WORKING _____
ADDRESS OF EMPLOYER _____

PERIOD FROM _____ **TO** _____
PERIOD FROM _____ **TO** _____

13. ARE YOU, AT THE PRESENT TIME, AN OWNER OR OFFICER OF YOUR CURRENT EMPLOYER? () YES (X) NO

LOCAL 807 PENSION FUND APPLICATION

15. a. IF YOUR RETIREMENT IS EFFECTIVE BEFORE HAVING REACHED THE AGE OF 65, PLEASE EXPLAIN BELOW WHY YOU DECIDED TO RETIRE.

Health Reasons

b. WE WOULD APPRECIATE KNOWING WHAT TYPE OF WORK, IF ANY, YOU HAVE DONE SINCE LEAVING THE TRUCKING INDUSTRY.

still working

c. PLEASE SPECIFY THE TYPE OF EMPLOYMENT, IF ANY, YOU WILL SEEK UPON RETIREMENT.

Not in union if works.

AN APPLICATION FOR PENSION MUST BE MADE ON AN OFFICIAL FORM OF THE PENSION FUND AND MUST BE SUBMITTED TO THE PENSION FUND.

APPLICATIONS SHOULD BE SUBMITTED AT LEAST SIX MONTHS BEFORE THE DATE WHEN PENSION PAYMENTS MIGHT BEGIN. YOU WILL BE CONTACTED IF ANY FURTHER INFORMATION IS REQUIRED. YOU WILL BE NOTIFIED IN WRITING OF THE DECISION ON YOUR APPLICATION.

I HEREBY APPLY FOR A PENSION FROM THE LOCAL 807 LABOR-MANAGEMENT PENSION FUND. THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR PENSION BENEFITS.

[Signature]
SIGNATURE

Early
TYPE OF PENSION DESIRED

8-13-02
DATE